

POLICY BRIEF: CHILD LABOUR INTERACTS WITH ORPHANHOOD IN PREDICTING DEPRESSION SCORES

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Findings reported in this brief are part of the second phase of descriptive analyses on the well-being of rural children in Zambia. For a more expansive overview of descriptive findings from this dataset, please see the initial set of briefs produced by SAD (www.reps.si.org/media/research/collaborative_research_in_Zambia). For more information about the study design, method and analysis strategy pertinent to this brief specifically, please see the similarly named research brief on the same site.

- Child labour and orphanhood are both independently associated with higher depression scores in adolescents.
- Evidence of cumulative interactive effects suggests that interventions addressing child labour might both improve depression outcomes and reduce the impact of orphanhood on depression.
- This has encouraging implications for REPSSI's work with orphaned children: whilst parental death is not modifiable, harmful forms of child labour are.
- Poverty alleviation and social protection programs might play a crucial role in buffering the negative effects of parental loss on the mental health of orphans.

Sub-Saharan Africa has the highest incidence rate of child labor in the world¹, with orphans being at elevated risk of child labor than non-orphans². Whilst both child labor³ and orphanhood⁴ have been linked to poor mental health, no known studies have assessed cumulative effects of orphanhood and child labor on mental health. Using data from a large-scale survey of Zambian adolescents, we examined whether child labor and orphanhood interacted to produce cumulative effects on depression scores in Zambian adolescents.

The questions:

1. Is orphanhood associated with higher depression scores and increased likelihood of scoring in the clinical range?
2. Is child labor associated with higher depression scores and increased likelihood of scoring in the clinical range?
3. Do child labor and orphanhood produce cumulative effects in predicting symptoms of depression?

The study:

- Cross-sectional survey of 484 orphans and 473 non-orphans (10-18 years, 50% female) in Zambia
- Purposive sampling used to maximize reach of OVC
- Analysis used multiple linear regression, controlling for age, sex and food insecurity as a proxy for poverty. Cross-tabulation generated illustrative presentation of findings using clinical depression cut-off

1. Orphanhood is associated with higher depression scores

The mean depression score was 15.3% higher in orphans than in non-orphans (7.2 in orphans compared to 6.1 in non-orphans) and this difference was statistically significant ($\beta=.113$, $p<.001$). Orphaned children (36%) were also significantly more likely to score in the clinical range than non-orphaned children (36% compared to 24.4% respectively, $OR=1.6$, $p<.005$).

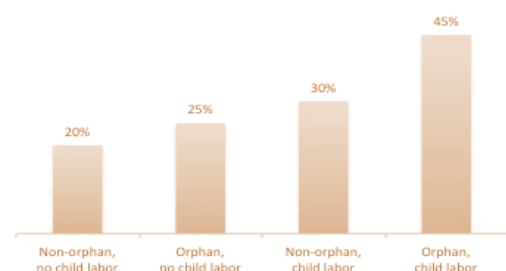
2. Child labor is associated with higher depression scores

The mean depression score was 20.3% higher in child laborers than in non-child laborers (7.4 in child laborers compared to 5.9 in non-child laborers) and this difference was statistically significant ($\beta=.137$, $p<.001$). Child laborers were also significantly more likely to score in the clinical range than non-child laborers (38.3% compared to 22.2% respectively, $OR=1.8$, $p<.001$).

3. There was a significant cumulative effect of child labour and orphanhood in predicting higher depression scores ($\beta=.109$, $p<.05$).

The presence of both orphanhood and child labour was associated with more than double the likelihood of scoring in the clinical range for depression, from 20% in non-orphaned children who were not exposed to child labour to 45% in orphaned children exposed to child labour (see figure 1).

Figure 1: Odds of clinical depression by child labour and orphanhood



Limitations:

- Cross-sectional findings limit inferences about directionality or causality between variables
- No data on the type of labour undertaken by children – further research should address this so as to better inform intervention design
- The clinical cut-off for the depression scale has not been validated in sub-Saharan African countries

References:

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3. Fekadu D, Alem A, Hägglöf B. The prevalence of mental health problems in Ethiopian child laborers. *Journal of Child Psychology and Psychiatry*. 2006;47(9):954–9.
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